



**MARINE CARGO  
CLAIM FORM**

CLAIM No. \_\_\_\_\_

DATE OF LOSS. \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS IN FULL. ANY DELAY IN RETURNING THIS FORM MAY PREJUDICE YOUR CLAIM UNDER THIS POLICY

INSURED NAME: \_\_\_\_\_

INSURED ADDRESS: \_\_\_\_\_

POLICY NO: \_\_\_\_\_ CLIENT REFERENCE NO: \_\_\_\_\_ VESSEL: \_\_\_\_\_

VOYAGE No: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_ PORT OF DISCHARGE: \_\_\_\_\_

PORT OF SHIPMENT: \_\_\_\_\_ DATE LOSS DISCOVERED: \_\_\_\_\_

NATURE OF CLAIM:

⊕ STRIKE OUT IF NOT APPLICABLE:

⊕ PILFERAGE ⊕ SHORTLANDED ⊕ DAMAGED (GIVE BRIEF DESCRIPTION OF TYPE OF DAMAGE)

\_\_\_\_\_

LIST & DESCRIBE ITEMS CLAIMED FOR:	INVOICE VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	-----
	<b>FREIGHT CHARGES:</b> _____
	<b>TOTAL:</b> _____

IF INSUFFICIENT SPACE PLEASE ATTACH SCHEDULE

**THE FOLLOWING MUST BE ATTACHED**

1. INVOICE AND COMBINED CERTIFICATLE OF VALUE & ORIGIN.
2. BILL OF LADING OR OTHER CONTRACT OF CARRAGE
3. WHARF DELIVERY DOCKET
4. ORIGINAL CERTIFICATE OF INSURANCE (WHEN APPLICABLE)
5. SURVEY REPORT OR OTHER DOCUMENTARY EVIDENCE SHOWING EXTENT OF LOSS OR DAMAGE
6. COPIES OF CORROSOPNDENCE EXCHANGED WITH CARRIERS AND OTHER PARTIES RAGARDING LIABILITY FOR THE LOSS OR DAMAGE

SIGNATURE OF CLAIMANT: \_\_\_\_\_ DATE: \_\_\_\_\_